

Chapter 6 - Local Agency Monitoring

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MONITORING

Local Agency Reviews

Review of Local Agency Operations

The state agency on-going monitoring system includes:

- the monitoring of local agency operations;
- the review of local agency financial and participation reports;
- on-site visits; and
- the development of corrective action plans to resolve program deficiencies.

Local Agency Monitoring Procedures

On-Site Visits

On-Site Visits

The state agency conducts monitoring reviews of each local agency at least once every two years. The reviews include on-site reviews of a minimum of 20 percent of the clinics in each local agency or one clinic, whichever is greater. The state agency may conduct such additional on-site reviews as the state agency determines to be necessary in the interest and effectiveness of the program.

Monitoring of local agencies includes:

- Clinic Operations
- Certification
- Nutrition Services
- Civil Rights
- Caseload Management
- Financial Management
- Information Management System
- Food Delivery/Food Instrument Accountability
- Vendor Monitoring

The state agency will provide advance notice of an on-site monitoring visit. The on-site visit may be made by a single individual or by a team, depending on the size of the local agency. If a team is involved, one individual will be designated as the team leader. Team members will be responsible for specific components of the review, such as Nutrition Services or Financial Management. Team members may or may not make on-site visits as a group.

Review findings will be discussed with the local agency staff on-site at the end of the review. If the review is done by a team, the team leader will discuss results of the review. A written review report will be sent to the local agency within 30 days of the completion of the review.

**Corrective
Action
Plans**

Local agencies are required to submit a corrective action plan to redress deficiencies identified during the review by the state agency, within 60 days of receipt of the written report.

The state agency will evaluate the adequacy of the corrective action plan and follow-up with the local agency to ensure corrective action measures are implemented. The state agency will send the local agency written notification of closure of the review.

**Monitoring
Standards**

Local Agency Monitoring Standards

A standard review form with performance standards and indicators is used for reviews. Some assessment of performance may be conducted prior to an on-site review, by examination of local agency financial reports, computer data sent to the state agency, and similar records. A copy of the standard review form is included at the end of the section.

Self-Assessment

Local Agency Self-Assessment

Local agencies are required to conduct an annual self-assessment, using the Local Agency Monitoring Standards form. The completed form is due in the state agency office by November 15 of each year.

**Local Agency
Disqualification**

Disqualification of Local Agencies

The state may disqualify a local agency when the state:

- determines noncompliance with Program and state regulations;
- determines Program funds are insufficient to support the continued operation of all existing local agencies at their current participation level; or
- determines, following a review of local agency credentials, that another local agency can operate the Program more effectively and efficiently.

The state will consider:

- the availability of other community resources to participants and the cost efficiency and cost effectiveness of the local agency in terms of both food and administrative and program services costs;
- the percentages of participants in each priority level being served by the local agency and the percentage of need being met in each participant category;
- the special populations served by the local agency;
- the capability of another local agency or agencies to accept the local agency's participants; and
- the local agency's past record of performance.

When disqualifying a local agency under the program, the state will:

- Make every effort to transfer affected participants to another local agency without disruption of benefits;

- Provide the affected local agency with written notice not less than 60 days in advance of the pending action which includes an explanation of the reasons for disqualification, the date of disqualification, and, except in cases of the expiration of a local agency's agreement, the local agency's right to appeal; and
- Ensure that the action is not in conflict with any existing written agreements between the state and local agency.

Disqualification will be made in accordance with Chapter 78 of the Alaska Administrative Code (7 AAC 78.290).

Appeal of State Agency Decisions

Local agencies may appeal state decisions which adversely affect the local agency. A local agency may appeal a state agency decision if the state agency:

- denies the local agency's application to act as a WIC local agency;
- disqualifies, suspends or otherwise imposes sanctions on the local agency during the term of the state WIC office's agreement with the local agency; or
- makes a decision to require a WIC local agency to refund money that was granted to the WIC local agency under a WIC grant.

Appeals

Notification of Sanctions

When the state agency intends to impose sanctions on a local agency or denies a local agency's application to participate, the state agency will send written notice to the local agency by certified mail at the last address provided by the local agency. If the state agency proposes to disqualify a local agency, the state agency will send notice to the local agency at least 60 days before the pending action will take place.

Sanction Notification

In the notice the state agency will set forth:

- the reason for denial of the local agency's application; or if applicable;
- the nature of the discrepancies or violations;
- the dollar value of the discrepancies or violations;
- the method of computing the dollar value;
- notice of further actions to be taken or sanctions to be imposed by the state WIC agency;
- the effective date of the action;
- notice of any actions required of the local agency;
- the local agency's right to a formal hearing; and
- the time and place at which each hearing on the action is scheduled to be held.

In the notice the state agency will state whether or not it intends to withhold payments on pending and subsequently received requests by the local agency for grant payments in an amount reasonably calculated.

Requirements and Procedures

The state agency will provide a hearing procedure in accordance with the provision as stated in CFR part 246.18.

LOCAL AGENCY MONITORING REVIEW FORM

Organization of WIC Local Agency Monitoring Standards

The standards are divided into nine sections:

- 1.0 Nutrition Services
- 2.0 Clinic Operations
- 3.0 Caseload Management
- 4.0 Civil Rights
- 5.0 Financial Management
- 6.0 Staffing and Organization
- 7.0 Information Management System
- 8.0 Food Delivery/Food Instrument Accountability
- 9.0 Vendor Relations

The standards are organized to cover the major areas of federal and state regulations and policies. Each section includes several program characteristics. Each program characteristic has several standards. The standards are perhaps the most relevant indices for measuring program performance.

Each standard has program indicators. Indicators are intended to give the reviewers and the local agency staff suggestions of how the standard can be interpreted and evaluated. They are not fully inclusive or exclusive, and are most useful as guidelines.

A rating scale (Standard Met?: Yes, No, Partial, and Not Applicable [N/A]) is next to each program standard. The intent of the rating scale is to allow the reviewer some flexibility in determining whether or not the standard was met. In addition, the forms include areas for narrative comments that can highlight positive things the program is doing or provide constructive feedback in cases where the standard was not entirely met.

A monitoring review includes an audit of participant files. The forms used for this audit are in final section of the review form. The reviewer will determine whether the information in the files meets the standard.

A monitoring review includes a participant survey by the state agency. At the time of an on-site review, a random telephone survey of WIC participants will be made. The telephone survey format is in the final section of this review form.

1.0 Nutrition Services

1.1.0 Nutrition education is provided to all WIC participants.

1.1.1 The annual local agency nutrition education plan is consistent with the state agency's policies and FCS guidelines.

Indicators:

1. A nutrition education plan is submitted as part of the grant application.
2. The nutrition education plan includes time-specified and measurable goals and objectives.
3. Goals relate to identified nutrition concerns in the local agency service area.
4. Long term benefits of nutrition education are explained at the time of certification.
5. Participants are encouraged to attend and participate in nutrition education activities.
6. Supplemental foods are not denied when participants do not attend nutrition education activities.
7. Nutrition education materials for participants receiving mailed food packages at least two times in each six-month certification period are documented in each participant's file or in a log.
8. Nutrition education contacts being made available at a quarterly rate, but not necessarily taking place within each quarter, to parents or caretakers of infant participants certified for a period in excess of six month are documented.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

1.0 Nutrition Services

<p>1.1.2 An individual care plan is provided for each participant as determined by the CPA.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none">1. The nutritional risk of each participant is documented in the participant's file.2. The nutrition counseling is relevant to nutritional risks and it is documented in the participant's file.3. The high risk nutrition care plan is developed by a registered dietitian (RD), and the nutrition counseling for each high risk participant is provided and documented by a CPA.	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
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1.0 Nutrition Services

1.2.0 Nutrition education assists the individual who is at nutritional risk to achieve a positive change in food habits, resulting in improved nutrition status and in the prevention of nutrition-related problems through the optimal use of the supplemental foods and other nutritious foods.

1.2.1 The nutrition information provided is accurate and relevant to cultural, economic, and social needs, and to educational level.

Indicators:

1. Individual and group education sessions are presented by staff with an appropriate background in nutrition.
2. Nutrition information presented is easy to understand, using everyday words.
3. Nutrition education materials provide simple and positive behavioral tips.
4. Individual and group education sessions allow time for questions and answers.
5. Written lesson plans are prepared for group education sessions.
6. Drug and other harmful substance abuse information is provided to all pregnant, postpartum, and breastfeeding women, and to parents or caretakers of infants and children participating in the program.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

1.2.2 A variety of appropriate nutrition education materials and methods are used.

Indicators:

1. Nutrition education materials and methods meet the needs and interests of WIC participants.
2. The information in written materials is scientifically accurate.
3. The content, reading level and graphic design of educational materials are appropriate.
4. Educational materials are available in appropriate languages, as needed.
5. WIC participants are involved in setting up their nutrition education goals.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

1.0 Nutrition Services

1.3.0 Breastfeeding is endorsed and supported as the preferred method of infant feeding.		
1.3.1 All pregnant participants are encouraged to breastfeed unless contraindicated for health reasons.	STANDARD MET?	Comments:
<u>Indicators:</u> 1. All pregnant participants receive information on the benefits of breastfeeding, and it's documented in the file. 2. Appropriate breastfeeding educational materials are available.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PARTIAL <input type="radio"/> N/A	
1.3.2 WIC Breastfeeding women are provided with counseling and support.	STANDARD MET?	Comments:
<u>Indicators:</u> 1. Breastfeeding education provided for each breastfeeding participant is documented in the file. 2. Breastfeeding educational materials on how to breastfeed and how to deal with common breastfeeding problems are available and appropriate. 3. Breastfeeding participants are counseled on the recommendations of vitamin supplements for breastfeed infants. 4. Breastfed infants growth pattern assessment is documented in their files. 5. Local agency staff know of appropriate community resources for referrals, such as peer counseling groups, lactation consultants, or the La Leche League.	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PARTIAL <input type="radio"/> N/A	

1.0 Nutrition Services

1.3.3 A local agency staff person is designated to coordinate breastfeeding promotion and support activities.

Indicators:

1. Breastfeeding promotion and support is included in the annual local agency nutrition education plan.
2. A qualified local agency staff person is designated to coordinate breastfeeding promotion and support activities.
3. New staff orientation programs include task appropriate breastfeeding promotion and support training.
4. A signed copy of a *Checklist for Instructing Urban and Rural Breastfeeding WIC Participants on Using Breast Pumps* is in the files of breastfeeding women borrowing breastpumps.
5. A signed copy of a *Loan and Release Form Agreement* is in the files of breastfeeding women borrowing breastpumps.

1.3.3 There is a local agency staff person designated to coordinate breastfeeding promotion and support activities.

Indicators:

1. An individual with appropriate qualifications has been designated to coordinate breastfeeding promotion and support activities.
2. Task appropriate breastfeeding promotion and support training is incorporated into orientation programs for new staff involved in WIC participants.
3. Breastfeeding promotion and support is included in the annual local agency nutrition education plan.

1.0 Nutrition Services

1.4.0 An assessment of dietary deficiencies that impair or endanger health is made for each program applicant.		
1.4.1 The dietary intake of all income-eligible applicants is assessed with an appropriate dietary assessment tool. <u>Indicators:</u> 1. The food frequency tool provided by the state agency is used to assess the intake of women and children. 2. The infant dietary intake tool provided by the state agency is used to assess the intake of infants.	STANDARD MET? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PARTIAL <input type="radio"/> N/A	Comments:
1.4.2 The dietary intake of all income-eligible applicants is evaluated by a competent professional authority for the purpose to determine nutritional risk and developing the nutritional care plan for each participant. <u>Indicators:</u> 1. A completed dietary assessment signed by a competent professional authority is present in each participant file. 2. An appropriate risk code is assigned to each participant with an inadequate or inappropriate dietary intake.	STANDARD MET? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PARTIAL <input type="radio"/> N/A	Comments:

1.0 Nutrition Services

1.5.0 Supplemental foods are prescribed in types and quantities appropriate for each participant, taking into consideration the participant's age and dietary needs.

1.5.1 Supplemental food packages are prescribed by a competent professional authority.

Indicators:

1. The nutrition care plan in each participant's file, signed by the competent professional authority, includes information on the food package prescription.
2. There is documentation that food packages are prescribed according to the category and nutritional need of the participant.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

1.5.2 Supplemental food packages are tailored appropriately.

Indicators:

1. The nutrition care plan in each participant's file, signed by the competent professional authority, includes information on any food package tailoring.
2. There is documentation that the food package is tailored appropriately (for example, prescribing all skim milk and no cheese in the food package for an obese woman or a participant with hyperlipidemia.)
3. Appropriate food packages are prescribed for homeless or migrant participants.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

1.0 Nutrition Services

1.6.0 The state agency contract formulas are prescribed for all infants receiving formula, unless a non-contract formula is prescribed by a physician or other health care provider.

1.6.1 Low iron formula is prescribed only for thalassemia, idiopathic hemochromatosis, surgical conditions which compromise iron absorption, or similar documented medical conditions. Unspecified “intolerance” or constipation are not conditions for which low iron formula is prescribed by the WIC Program.

Indicators:

1. Documentation of the medical condition requiring the prescription of low iron formula by a physician or other health care provider is in the participant’s file.
2. A completed and dated non-contract justification form signed by the physician or other health care provider and the competent professional authority (CPA) is placed in the participant’s file at each certification or six month assessment.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

1.6.2 The only non-contract formulas prescribed by the local agency are those currently authorized by the state agency.

Indicators:

1. The prescribed non-contract formula is documented in the participant’s file.
2. The prescribed non-contract formula is on the list of approved non-contract formulas in the current state WIC Procedure Manual.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

1.0 Nutrition Services

<p>1.6.3 The local agency has a usage rate of no greater than 5% for non-contract formula.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none">1. The local agency maintains a non-contract formula issuance log.2. The local agency submits the non-contract issuance log to the state agency every six months.3. The usage rate of non-contract formula is $\leq 5\%$.	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
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2.0 Clinic Operations

2.1.0 The local agency follows federal and state regulations and policies for participant certification.		
2.1.1 The intake procedure from the current state WIC Procedure Manual is used for all applicants.	STANDARD MET?	Comments:
<u>Indicators:</u>	<input type="radio"/> YES	
	<input type="radio"/> NO	
	<input type="radio"/> PARTIAL	
	<input type="radio"/> N/A	
<ol style="list-style-type: none"> 1. A completed and signed certification form in each participant's file. 2. The current federal family size income guidelines are used to evaluate an applicant's income eligibility. 3. An applicant's income and family size is verified according to criteria in the current Alaska WIC Procedure Manual. 4. An applicant is accepted as income eligible if he or she has been certified as adjunctive income eligible. 5. Pregnant women eligible as Priority I participants, infants under six months of age eligible as Priority I participants, and migrant farmworkers and their family members who plan to leave the jurisdiction of the local agency, are notified of their eligibility or ineligibility within 10 days of the first request for program benefits. 6. All other applicants are notified of their eligibility or ineligibility within 20 days of the first request for program benefits. 7. An explanation of why benefits are not being provided is given to applicants who do not qualify for the program. The applicant is given a written notice of ineligibility, a copy of which is filed with the applicant's completed application in an "Applied, Not Eligible" file. 8. The certification procedure is performed at no cost to the applicant. 9. The pregnancy of all prenatal applicants is documented. 		

2.0 Clinic Operations

<p>2.1.2 A competent professional authority on the staff of the local agency determines if an applicant is at nutritional risk through a medical and/or nutritional assessment. This determination may be based on referral data submitted by a competent professional authority not on the staff of the local agency.</p>	<p>STANDARD MET?</p>	<p>Comments:</p>
<p><u>Indicators</u></p>	<p>O YES</p>	
<p>1. There is documentation in each participant's file that height or length and weight has been measured, and a hematological test for anemia has been performed. The hematological test is not required for infants under six months of age or for children who were determined to be within the normal range at their last certification. However, the blood test is performed on such children at least once every 12 months.</p>	<p>O NO</p>	
<p>2. There is documentation that weight and height or length is measured, and a hematological test is performed not more than 90 days prior to certification for program participation, provided that such date for persons certified as pregnant women are collected during their pregnancy, and date for persons certified as postpartum and breastfeeding women are collected after the termination of their pregnancy.</p>	<p>O PARTIAL</p>	
<p>3. There is documentation in each certified participant's file that at least one of the nutritional risk conditions listed in the current Alaska WIC Program WIC Nutrition Risk Criteria was used as a basis for certification.</p>	<p>O N/A</p>	
<p>4. Pregnant women certified as eligible for Medicaid may be certified for a period of up to 60 days prior to assessment for nutritional risk.</p>		

2.0 Clinic Operations

2.2.0 Medical assessments are performed correctly.		
2.2.1 Anthropometric measurements are take and plotted on charts accurately, and hemoglobin/hematocrit is tested properly.	STANDARD MET?	Comments:
<u>Indicators</u>	O YES	
1. All necessary equipment is available and maintained. Scales are tested regularly.	O NO	
2. Correct technique is used in obtaining anthropometric measurements.	O PARTIAL	
3. Anthropometric measurements are plotted on charts accurately.	O N/A	
4. Correct technique is used in obtaining, handling, and testing blood samples		
2.2.2 Medical histories are assessed.	STANDARD MET?	Comments:
<u>Indicators</u>	O YES	
1. There is documentation that applicants are asked about nutrition related medical conditions.	O NO	
2. Medical histories are used in determining nutritional risk.	O PARTIAL	
	O N/A	

2.0 Clinic Operations

<p>2.2.3 Program “benefits” are based on certifications established in accordance with federal regulations for timeframes.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. There is documentation that pregnant women are certified for the duration of their pregnancy and for up to six weeks postpartum. 2. There is documentation that postpartum women are certified for up to six months postpartum. 3. There is documentation that breastfeeding women are certified at intervals of approximately six months and ending with the breastfed infant’s first birthday. 4. There is documentation that infants are certified at intervals of approximately six months, except that infants under six months of age may be certified for a period extending up to the first birthday. 5. There is documentation that children are certified at intervals of approximately six months, ending with the end of the month in which the child reaches the fifth birthday. 6. In cases where there is difficulty in appointment scheduling, the certification period is shortened or extended for a period not to exceed 30 days. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
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2.0 Clinic Operations

2.3.0 The need for referrals to other health and social service programs is assessed, and appropriate referrals are made and documented in the computer system and on the application form.		
2.3.1 Appropriate referrals for immunizations are made.	STANDARD MET?	Comments:
<u>Indicators:</u>	O YES	
1. The current immunization status of an infant/child is documented (on child's application), and referral is documented (on application and in the computer system) if immunizations are not current.	O NO	
	O PARTIAL	
	O N/A	
2.3.2 Appropriate referrals are made to community health and social service agencies.	STANDARD MET?	Comments:
<u>Indicators:</u>	O YES	
1. The need for referral to Food Stamps, AFDC, EPSDT, Medicaid, Head Start, alcohol and drug abuse, domestic violence intervention, and other family service programs is assessed and referral made (if necessary), and documented.	O NO	
2. Each pregnant participant is asked if she is currently receiving prenatal care, and if not, referral is made and documented.	O PARTIAL	
3. WIC staff who interact with participants can describe the health and social service agencies available in the community (when asked).	O N/A	

2.0 Clinic Operations

2.4.0 Program benefits are provided in accordance with federal regulations and state policies.		
<p>2.4.1 Participants who relocate during a certification period are provided with the opportunity to continue to receive program benefits.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Alaska WIC Program Verification of Certification (VOC) cards with complete information are issued in accordance with procedures in the current Alaska WIC Procedure Manual. 2. VOC cards are accepted as proof of eligibility for program benefits for participants who have been receiving program benefits in another local agency within or outside of the State of Alaska. 3. There is a complete and up-to-date VOC log. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>2.4.2 Newly certified participants are oriented to the program, and information is reviewed with recertified clients.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Program benefits are explained. 2. Training on how to used WIC warrants correctly is provided. 3. Clients are treated in a courteous manner, and given an opportunity for questions to be asked and answered. 4. Clients may designate an alternate to shop for them. 5. Clients are given a warrant folder with program information and a vendor list. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

2.0 Clinic Operations

2.4.3 Clients are terminated in mid-certification or not recertified in accordance with federal regulations and procedures in the current state WIC Plan.	STANDARD MET?	Comments:
<u>Indicators:</u>	<input type="radio"/> YES	
1. A person who is about to be suspended or disqualified is advised in writing not less than 15 days before the suspension or disqualification.	<input type="radio"/> NO	
2. Each participant, parent or caretaker is notified not less than 15 days before the expiration of each certification period that certification for the program is about to expire. Persons who still may be eligible for program benefits are so advised.	<input type="radio"/> PARTIAL	
	<input type="radio"/> N/A	

2.0 Clinic Operations

2.5.0 Clinics are well organized.		
<p>2.5.1 Clinic schedules are designed to appropriately serve caseload.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Applicants and participants are scheduled for a clinic appointment in a reasonable time period after requested an appointment. Pregnant women are given a clinic appointment as soon as possible. 2. Appointment reminders are sent, or given by telephone. 3. There are an appropriate number of appointments per day/month. 4. Clinic hours are scheduled to accommodate working participants/parents/caregivers. 5. Appointments are overbooked to allow for “no-shows”. 6. There is an effective procedure to reschedule “no-shows”. 7. A special effort is made to reschedule prenatal applicants who miss their appointments. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>2.5.2 The clinic setting is suitable.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Clinic space is adequate, and the environment is clean and safe. 2. The clinic has a pleasant atmosphere, and clean toys are available for children. 3. There is a low noise level. 4. Waiting time is minimal. 5. There is privacy for income verification, intake, screening and counseling. 6. A “No smoking” sign is visible to all. 	<p>STANDARD MET?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Partial</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

2.0 Clinic Operations

2.5.3 Participant opinions of services are used to improve program operations. <u>Indicators:</u> 1. A participant survey is done at least once a year. 2. A survey of participants receiving services by mail is done a least once a year. 3. There is documentation that feedback from surveys is used to improve services.	STANDARD MET? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PARTIAL <input type="radio"/> N/A	Comments:
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3.0 Caseload Management and Outreach

3.1.0 The agency services the maximum possible caseload with the current funding level.		
<p>3.1.1 The caseload of the local agency is appropriate for the staffing level and estimated number of WIC-eligibles estimated in the service area.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Caseload and number of professional and paraprofessional participant/staff FTE ratios are appropriate. (As a guide: 1FTE:350 participants per month for overall staff and 1RD FTE:1,200 participants per month) 2. The agency serves at least 75% of the USDA projection of WIC-eligibles in the service area (505 Enrollment & Participation Report) 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>3.1.2 Caseload management supports effective food fund management.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Participants are encouraged to cash the warrants issued to them. 2. The non-redemption rate for warrants issued to participants is within acceptable limits. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

3.0 Caseload Management and Outreach

<p>3.1.3 Efforts are made to minimize no-shows, especially among high risk participants.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none">1. The no-show rate is within acceptable limits.2. There is documentation that follow-up is done on all participants who miss appointments or fail to pick up food instruments, with special emphasis on high risk participants.	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
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3.0 Caseload Management and Outreach

3.2.0 The local agency has an effective outreach program.

3.2.1 There is an effective public notification program which encourages participation and informs all potential participants, particularly minorities and women in the early months of pregnancy, of the availability of the Program.

Indicators:

1. The local agency has an outreach plan (in local agency grant application) and is working towards their agency specific goals for outreach.
2. Forms of communication such as letters, leaflets, bulletins, newspapers and radio and television announcements are used to disseminate program information. Copies of materials are sent to the state agency as part of quarterly reports.
3. There is documentation that potential participants are informed of any significant program changes such as revisions in income eligibility standards, revised hours of service, locations of new clinics, etc.
4. Program information is distributed at a minimum-twice a year-to offices and organizations which deal with a significant number of potentially eligible persons, including health and medical organizations, health care providers, hospitals and clinics, welfare and unemployment offices, social services agencies, foster care agencies, tribal organizations, and religious and community organizations.
5. WIC vendors are regularly provided with program outreach information for display in their stores. (Samples are available and new material is sent to state office with quarterly reports).
6. When appropriate, program information is provided in languages other than English. (For any non-English speaking population which exceeds 5% of the overall area population according to census data.)

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

3.0 Caseload Management and Outreach

3.2.2 There is regular on-going contact with physician’s offices, medical clinics, public health clinics, tribal clinics and other major referral sources in the community.	STANDARD MET?	Comments:
<u>Indicators:</u>	<input type="radio"/> YES	
	<input type="radio"/> NO	
	<input type="radio"/> PARTIAL	
	<input type="radio"/> N/A	
1. Printed information about the Program is available to patients, parents and caregivers in the maternity and pediatric wards of the hospital(s) and verified by a sampling of 10% or 2 (whichever is greater and if feasible) facilities, or verified through a program material distribution log maintained by the local agency.		
1. Staff in wards are familiar with the WIC Program, and the locations and hours of local WIC clinics.		

3.0 Caseload Management and Outreach

3.3.0 The local agency has established collaborative relationships with appropriate community agencies for the purpose of improving access to services.

3.3.1 Where appropriate, written agreements are in place between the local agency and other health and social service agencies in the community.

Indicators:

1. There is a written Memorandum of Agreement with the local Head Start Program which enable both programs to utilize common applications, screening information and nutrition education contacts to the maximum extent possible.
2. There are written agreements with any other appropriate community agencies such as Public Health Nursing, Alaska Job Center Network, Child Care Assistance, ATAP, Food Stamps, Medicaid, Denali KidCare, Free & Reduced Price School Lunch program offices (where appropriate) which improve access to WIC services by these agencies.
3. There is evidence that WIC services are coordinated with other community services (agency staff participate in an interagency collaboration group or other child service group which meets to improve service delivery and communication across agencies (if one exists)).

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

4.0 Civil Rights

4.1.0 The local agency actively informs applicants and participants of their rights and responsibilities.

4.1.1 The local agency informs persons of the nondiscrimination policy and of their rights to file a complaint of discrimination.

STANDARD
MET?

Comments:

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Indicators:

1. The “Justice For All” poster is prominently displayed in all waiting areas and classrooms of WIC clinics.
2. The USDA nondiscrimination statement, including the discrimination complaint procedure, is included on all printed WIC-related materials that are disseminated to applicants, participants, outreach/referral contacts, and the general public.
3. Upon initial visits, the local agency gives applicants specific program information which is pertinent to their participation in the program.
4. Upon request by any member of the community, the local agency makes available program regulations and guidelines.

4.0 Civil Rights

4.2.0 The local agency complies with nondiscrimination laws and regulations.		
4.2.1 Local agency staff receive training in civil rights enforcement. <u>Indicators:</u> 1. Civil rights training is provided at least once a year to all staff. 2. All new employees receive civil rights training as part of employee orientation procedures.	STANDARD MET? O YES O NO O PARTIAL O N/A	Comments:
4.2.2 No qualified person is subject to discrimination in employment. <u>Indicators:</u> 1. The local WIC program complies with local agency employment nondiscrimination policies and procedures.	STANDARD MET? O YES O NO O PARTIAL O N/A	Comments:
4.2.3 Racial and ethnic participation data are collected as required by Title VI of the Civil Rights Act of 1964. <u>Indicators:</u> 1. Racial and ethnic data are collected during the certification process. 2. The data collection system results in valid counts of actual participation.	STANDARD MET? O YES O NO O PARTIAL O N/A	Comments:

4.0 Civil Rights

<p>4.2.4 There is a grievance procedure for handling civil rights complaints.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. The local agency has corrected all substantiated civil rights problems or noncompliance situations. 2. The local agency refers all discrimination complaints to the state agency. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>4.2.5. Local WIC vendors serve all persons equally and treat WIC program participants the same as other customers.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Vendors do not deny access to any person because of his or her race, color, national origin, age, sex or handicap. 2. Local agency solicits feedback from participants regarding fair treatment by vendors. 3. Participant complaints against vendors are investigated and resolved. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

4.0 Civil Rights

4.3.0 Services are not denied to any qualified applicant based on race, color, national origin, age, sex or handicap.		
<p>4.3.1 Where a significant number or proportion of the population eligible to be served needs service or information in a language other than English in order to be effectively informed of or to participate in the program, the local agency takes reasonable steps to provide information in appropriate languages to such persons.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> Translated versions of written materials are available if needed. Translators are available if needed. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>4.3.2 Operational procedures, site locations, appointment scheduling and hours of operation do not have the effect of discrimination against persons based on race, color, national origin, sex or handicap.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> Handicapped persons have access to WIC services. The location of the WIC clinic is centrally located. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

5.0 Financial Management

5.1.0 State agency records indicate appropriate financial management practices

5.1.1 Audits and reviews are performed in accordance with state policies.

Indicators:

1. The local agency has been notified of any review of audit findings.
2. Any claims established for unallowable costs have been paid.
3. There is documentation of corrective action taken in response to review/audit findings.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

5.1.2 Contracts are managed according to state policies.

Indicators:

1. Local agency has a policy on contract management.
2. Contract file is maintained and shows non-discrimination, fair and open competition.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

<p>5.1.3 Indirect costs are claimed according to federal and state policies.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. An approved and current indirect cost agreement is on file in the local agency. 2. Expenditure report shows the indirect costs is less than or equal to the current approved rate of indirect cost. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>5.1.4 Nutrition Education and Breastfeeding Promotion costs are reported to the state agency.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Time studies are completed and filed with state agency. 2. Time studies are submitted for four weeks in a federal fiscal year.. 3. Monthly expenditure claims are distributed by cost category on expenditure reports 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>5.1.5 Expenditure reports are done in accordance with grant RFP requirements.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Expenditure reports are completed correctly. 2. Expenditure reports are submitted on time. 3. Monthly expenditure claims are distributed by cost category on expenditure reports 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

5.0 Financial Management

<p>5.1.6 Inventory records are kept according to state policies.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none">1. Inventories are kept correctly.2. Inventory reports are submitted on time.3. A copy of the inventory report is on file in the local agency.	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
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5.0 Financial Management

5.2.0 Administrative expenditures are made according to state policies.

<p>5.2.1 There are adequate source documents to verify expenditure reports.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Source documents can be related to a randomly selected expenditure report. 2. Costs claimed (e.g., space, equipment, incentive items) are in fact allowable costs under state policies and federal regulations 3. There is evidence that WIC is not charged directly and indirectly for the same cost. 4. There is a plan for nutrition education and breastfeeding promotion expenditures, and breastfeeding promotion expenditures are maintained separately from nutrition education expenditures. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>5.2.2 Personnel expenses are allocated correctly.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. If the time of employees is spent on non-WIC activities, time sheets are done to reflect actual time spent on WIC activities. 2. Observations of clinic staff and payroll records indicate that personnel paid by the WIC program are performing WIC tasks. 3. Time studies show an appropriate allocation of time to nutrition education, breastfeeding promotion, client services and general administration. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

5.0 Financial Management

5.2.3 Acceptable accounting practices are followed. <u>Indicators:</u> 1. There is an accounting manual or set of written procedures to describe the accounting system. 2. Revenues and disbursements belonging to WIC are accounted for separately from those of non-WIC programs, and WIC has a separate accounting code. 3. Staff who handle money are bonded. 4. The accounting system allows costs to be allocated properly among fiscal years, as evidence by invoices dated close to year end charged to the correct period(s).	STANDARD MET? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PARTIAL <input type="radio"/> N/A	Comments:
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5.0 Financial Management

5.3.0 There is a effective property management system		
<p>5.3.1 Equipment and supplies are managed according to federal regulations and state policies.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. There is documentation on file for equipment acquisitions which require prior approval. 2. Items approved for purchase are actually on-site. 3. Valuable equipment is kept in secure locations 4. There are effective controls to prevent non-WIC use of equipment and supplies purchased by WIC. 5. Equipment is kept where specified, and a log sheet is used if equipment is removed from the premises. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>5.3.2 Inventory is managed according to state policies.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Inventory records all items, their locations, and whether they belong to the State of Alaska. 2. A physical inventory of equipment is conducted once a year. 3. Items belonging to the state can be located and are being used by the WIC program. 4. Approved procedures are used for disposing of equipment. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

6.0 Staffing and Organization

6.1.0 The staff is appropriate for the amounts and types of services provided.

6.1.1 The staffing structure is appropriate.

Indicators:

1. There are written job descriptions with educational and experience requirements for each staff position.
2. There is a current organizational chart.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

6.1.2 Staffing education and experience are appropriate for assigned responsibilities.

Indicators:

1. Nutritional risk assessments, certifications and food package prescription are performed by CPAs only.
2. Appropriately educated and trained staff perform nutrition education and counseling.
3. Appropriately trained staff perform income verifications.
4. List staff here, showing type of position and FTE's.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

6.0 Staffing and Organization

6.2.0 The organizational structure reflects adherence to good management practices.

6.2,1. Staff responsibilities and assignments support the organizational structure.

Indicators:

1. Staff are equitably assigned to work any evening and weekend clinics.
2. Immediate efforts are made to fill any vacant positions.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

6.2.2 Staffing standards are in accordance with federal regulations and state policies.

Indicators:

1. Budgeted staff in the approved annual budget matches actual staffing pattern.
2. Time studies are done as specified in the current state WIC Procedure Manual.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

6.0 Staffing and Organization

6.3.0 Staff are trained appropriately.

6.3.1 All new staff are oriented to the program.

Indicators:

1. There is documentation that new staff receive orientation.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

6.3.2 Staff receive regular in-service training.

Indicators:

1. There is a schedule for in-service training of staff.
2. In-service education is conducted by qualified personnel.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

7.0 Information Management System

7.1.0 Local agency IMS operations and procedures are in compliance with the procedures provided in the computer system operation manual.

<p>7.1.1 Operation of the system by local agency staff is relatively free of error.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Review of records show few implausible values in data entries. 2. Data exception reports are produced regularly. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>7.1.2 Data are secure from system interruptions.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Jaz back-up cartridges are exchanged every Monday and mailed to the State office. 2. Maintain dedicated phone line to agency server. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>7.1.3 Voided and spoiled warrants are handled correctly.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Warrants are voided according to prescribed procedures. 2. Voided warrants and listing are sent to the state agency according to prescribed procedures. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

7.0 Information Management System

7.2.0 Local agency IMS operations are in compliance with security procedures.

7.2.1 There is adequate physical security for system hardware, software and warrant stock.

Indicators:

1. System hardware is kept in an area which can be locked up when the clinic is closed.
2. Warrant stock is kept in secure storage which can be accessed by authorized staff only.
3. All software is registered and authorized for use.
4. There is no unauthorized outside connectivity (i.e. internet access) on system hardware.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

7.2.2 Confidentiality is maintained.

Indicators:

1. Only authorized staff have access to computer files and reports.
2. Data input and maintenance are made according to prescribed procedures
3. Passwords are utilized.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

7.0 Information Management System

7.3.0 System hardware and the surrounding physical environment are adequate.

<p>7.3.1 There is sufficient hardware to meet caseload needs.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Participants do not have to wait for lengthy periods of time due to lack of computer hardware to process certifications and issue warrants. 2. Permanent clinic sites can issue warrants on-site. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>7.3.2 Hardware is adequately maintained.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. The UPS system is tested regularly. 2. Computer equipment is kept clean and free on non-computer related objects. 3. Adequate air ventilation and temperature is maintained. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

7.0 Information Management System

<p>7.3.3 Staff perform data entry and other systems operations in an appropriate environment</p> <p><u>Indicators:</u></p> <p>1.Lighting is adequate. 2.Computer screens are free of glare. 3.Chairs and computer desk levels are ergonomic.</p>	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
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8.0 Food Delivery/Food Instrument Accountability

8.1.0 Blank warrant stock receipt, storage, security and inventory procedures assure adequate control of warrant stock.

<p>8.1.1 Receipts of blank warrants is thoroughly tracked.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. All blank warrants shipped to the local agency are verified with the transmittal document listing the first and last number of the warrants. 2. The receiving report is signed and returned immediately to the state agency. 3. Any discrepancies are noted on the receiving report. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>8.1.2 Warrants storage is secure.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Blank warrant stock is kept in a locked storage unit at all times except when opened for issuance, restocking or inventory. 2. Access to warrant storage is restricted to authorized staff only. 3. Warrants preprinted for batch issuance, mailing or issuance to participants at a later time are kept in a locked unit until actually issued or mailed. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

8.0 Food Delivery/Food Instrument Accountability

8.2.0 Warrants are printed and issued to participants in accordance with federal regulations and state policies.

8.2.1 Warrants are printed according to state computer system procedures.

Indicators:

1. No hand-written warrants are issued.
2. Warrants are printed and issued in numerical sequence.
3. No changes are made to printed warrants.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

8.2.2 Warrants are issued according to federal regulations and state procedures.

Indicators:

1. Warrants are issued at the same time as notification of certification.
2. Warrants are issued for a one to three month period.
3. Participants or their authorized alternates personally pickup and sign for their warrants, unless the local agency has opted to mail warrants or food boxes to the participant.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

8.0 Food Delivery/Food Instrument Accountability

8.2.3 Warrant certification procedures are separated from issuance procedures.	STANDARD MET?	Comments:
<u>Indicators:</u>		
1. Individual having authority to certify do not issue warrants, and individuals who issue warrants do not certify applicants.	O YES	
	O NO	
2. Person certifying and issuing warrants has a supervisor review all participant files and initial the issuance of warrants. This indicates that the issuance has been reviewed by a second party.	O PARTIAL	
	O N/A	

8.0 Food Delivery/Food Instrument Accountability

8.3.0 There are adequate controls for voided, returned, lost or stolen warrants.

<p>8.3.1 Voided and returned warrants are handled according to state policy.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. “Void” is marked on all computer voided warrants, and unused mailed warrants returned to the agency. 2. All voided warrants are returned to the state agency. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>8.3.2 Lost or stolen warrants are handled according to state policy.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. A lost or stolen warrant report is prepared, a copy is given to the participant and the original copy placed in the participant’s file. 2. Replacement warrants are issued when necessary; new warrant numbers are recorded on the lost or stolen warrant report, and the participant is informed that the use of warrants reported lost or stolen is fraud. 3. There is a policy in the local agency to inform participants when warrants reported lost or stolen are redeemed. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

8.0 Food Delivery/Food Instrument Accountability

8.4.0 A system is in place to ensure adequate control of mailed warrants.

<p>8.4.1 Warrants are mailed to participants according to state policy.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Warrants are mailed with the Conformation of Receipt of Warrants attached, together with a stamped self-addressed envelope and any related nutrition education or program materials. 2. Warrants are mailed so they will reach the participant by the first valid date in the warrant. 3. Participants sign and return the conformation warrant. Follow-up is done on participants who fail to return the signed conformation warrant to the local agency. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>8.4.2 MOV orders are transmitted within the month they are valid.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Nutrition education materials are sent to contractor for shipping to the participants. 2. Participants sign a receiving report and mail to local agency. Follow-up is done on participants who fail to return signed receiving reports to the local agency. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

9.0 Vendor Relations

9.1.0 There are an appropriate number and distribution of food vendors to assure adequate participant convenience and access, and to assure that review of food vendors can be effectively managed.		
9.1.1 The local agency works towards having an appropriate number of vendors to serve the participant population.	STANDARD MET?	Comments:
<u>Indicators:</u>	<input type="radio"/> YES	
1. There are authorized WIC vendors that are centrally located in each major population area served by the local agency.	<input type="radio"/> NO	
2. The use of mailed food boxes is appropriate for the geographical area.	<input type="radio"/> PARTIAL	
3. The local agency has made contact with possible vendors in mail-out communities and referred vendor applicants to the state agency.	<input type="radio"/> N/A	
9.1.2 No conflict of interest exist between WIC staff and vendors.	STANDARD MET?	Comments:
<u>Indicators:</u>	<input type="radio"/> YES	
1. There is no evidence that participants are being inappropriately instructed to use only certain vendors.	<input type="radio"/> NO	
2. There is no evidence that the local agency has inappropriately influenced the authorization or reauthorization of vendors.	<input type="radio"/> PARTIAL	
3. If a relationship exists, such as a WIC staff person working part-time for a vendor or relatives of a WIC staff person owning a grocery authorized as a WIC vendor, then the relationships is disclosed in writing and is on file at the local agency.	<input type="radio"/> N/A	

9.0 Vendor Relations

9.1.3 New vendors are authorized in accordance with federal regulations and state policies. <u>Indicators:</u> 1. There is documentation that the local agency conducts on-site reviews as part of the authorization process for new vendors. 2. The local agency submits a written “Pre-Agreement On-Site Vendor Visit Report” to the state agency for applicant vendors.	STANDARD MET? O YES O NO O PARTIAL O N/A	Comments:
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9.0 Vendor Relations

9.2.0 Training designed to prevent programs errors or abuse and to improve program service is provided to all approved vendors.		
9.2.1 Appropriate training is provided to new vendors.	STANDARD MET?	Comments:
<u>Indicators:</u>	O YES	
1. There is documentation that local agency staff provide training to the staff of each newly authorized vendor.	O NO	
2. The local agency has a copy of the Vendor Manual and the video tape.	O PARTIAL	
3. Newly authorized vendors possess a copy of the Vendor Manual and the vendor video tape.	O N/A	
9.2.2 Vendors are encouraged to contact the local agency when they have questions, and to request training sessions when they experience a substantial turnover in cashiers.	STANDARD MET?	Comments:
<u>Indicators:</u>	O YES	
1. Local agency staff are in regular contact with vendors in their area, as evidence by vendor knowledge of appropriate local agency staff names and telephone numbers.	O NO	
2. Vendors contact agency staff rather state agency staff with routine information requests.	O PARTIAL	
3. There is evidence that local agency staff visit local vendors when making village visits in rural areas.	O N/A	
4. Cashiers can correctly answer all questions on the cashier quiz in the Vendor Manual.		

9.0 Vendor Relations

9.3.0 All authorized vendors are monitored for compliance with federal regulations and state policies.

9.3.1 The local agency conducts on-site monitoring visits to at least 50 percent of authorized vendors per year, selected on a representative basis.

Indicators:

1. Required on-site vendors monitoring forms are submitted to the state agency in a timely manner.
2. The required number of vendors are visited each year.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

9.3.2 “High risk” vendors are monitored at the direction of the state agency.

Indicators:

1. The local agency has knowledge of vendors who are suspected of overcharges in redeemed warrants, errors in redeemed warrants, who are the subjects of participant complaints, or similar problems.
2. There is documentation that all high risk vendors have been the subject of an on-site visit within the past 12 months.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

9.0 Vendor Relations

9.3.3 Vendors provide adequate and courteous service to participants.

Indicators:

1. Questions regarding vendor services are asked on the annual participant survey.
2. Complaints against vendors by participants, and against participants by vendors, are investigated and resolved.

STANDARD
MET?

☐ YES

☐ NO

☐ PARTIAL

☐ N/A

Comments:

9.0 Vendor Relations

9.4.0 The mailed food box program is conducted according to federal regulations and state policies.		
9.4.1A reasonable attempt is made to supply the mailed food box contractor with forwarding addresses for participants who have moved. Indicators: 1. All participants who receive mailed food boxes are asked to give the local agency a forwarding address as soon as possible when they move. 2. Forwarding addresses are transmitted to the contractor as soon as possible. The local agency follows up whenever notified that a food box has been returned to the contractor as “undeliverable”.	STANDARD MET? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PARTIAL <input type="radio"/> N/A	Comments:
9.4.2 Participant satisfaction with the mailed food box program is monitored. Indicators: 1. Participants are surveyed as to their satisfaction with the mailed food box program at least once a year. 3. Participant problems with mailed food boxes are faxed to the contractors as soon as possible.	STANDARD MET? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PARTIAL <input type="radio"/> N/A	Comments:

10.0 Farmers' Market

10.0 Farmers' market nutrition program is promoted in areas where farmers' markets are available to improve intake of fruits and vegetables among WIC participants.

<p>10.1 Farmers' market orientation is provided to eligible WIC participants.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. There is documentation in the participant's file of that information on farmers' market has been provided. 2. Appropriate educational materials on farmers' market are available. This includes location of market, how to use farmers' market coupons, and nutrition education materials on fruits and vegetables. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>10.2 Farmers' market coupons are secure and issuance is documented.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Coupons are stored in a locked location. 2. Coupons are accounted for by a WIC client signature on the coupon face sheet and filed in the participant's file. 3. Issuance of coupons is documented in a computer log and sent to the State Office farmer's market coordinator weekly. 4. Duplicate copy of the coupon face sheet is mailed to the State WIC Office if local agency does not have the capability input coupon issuance in a computer log. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

10.0 Farmers' Market

<p>10.3 Promotion and outreach is conducted on farmers' market.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Coordination with other agencies to promote farmers' market is conducted. 2. Outreach activities such as newspaper/radio spots are conducted to promote the farmers' market. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>
<p>10.4 Monitoring and evaluation of the farmers' market is conducted yearly.</p> <p><u>Indicators:</u></p> <ol style="list-style-type: none"> 1. Ten percent of farmers' market is monitored yearly. 2. Participant satisfaction survey is conducted yearly. 	<p>STANDARD MET?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> PARTIAL</p> <p><input type="radio"/> N/A</p>	<p>Comments:</p>

Chart Audit Guidelines

A Chart audit is a management tool to measure nutrition services provided. A representative chart audit of one/or two percent for clinics with a caseload of less than 2,000 and one percent for clinics with a caseload of greater than 2,000 is suggested. The following will guide the management evaluation person/team in performing chart audits.

	Criteria	Definition
1.	Category Correct	Verify if the assigned category is correct. The various categories are: W1 Woman 1 st trimester W2 Woman 2 nd trimester W3 Woman 3 rd trimester WP Woman Postpartum WB Woman Breastfeeding IB Infant Breastfeeding IF Infant Full Formula IP Infant Partial Formula C Child
2.	Date of Birth Matches	Compare date of birth recorded on the application form versus the date of birth in the computer system.
3.	Ethnic Code Matches	Compare ethnic code recorded on the application form versus the ethnic code in the computer system.
4.	Ht/Wt, Hgb, Ht/Lt Data Matches	Compare Ht/Wt/Hgb/Ht/Lt Data taken versus the medical information in the computer system.
5.	Ht/Wt, Hbg, Ht/Lt Data Within 60 days	Verify if the medical information is within 60 days of certification. (Hgb, if within normal limits at last certification for the same category, does not need to be current.)
6.	Income Eligibility Matches/Documented	Verify if income calculation is correct and matches the income in the computer system.
7.	Identity/Residency Documented	Verify if proof of identity and residency is documented in the participant's chart.
8.	Cert. Within 10/20 days of initial visit.	Verify if certification is within - 10 days for Priority I participants Priority I participants are: Pregnant women, Infants under six months, migrant workers, and homeless applicants 20 days for all other participants
9.	Pregnancy Documented	Verify that a medical professional provided proof of pregnancy.
10.	Baby Due Date	Verify if the baby's due date is documented on the proof of pregnancy/chart.

11.	Nutrition Risk Matches	Compare the nutrition risk in the chart versus the nutrition risk in the computer system.
12.	Nutrition Risk Documented	Verify if the nutrition risk assigned is correct.

13.	Any Nutrition Risk Omitted	Check for any nutrition risk omitted.
14.	Referrals Documented	Verify if referrals were provided and documented.
15.	Food Rx Correct	Verify if the assigned food package is appropriate for the participant's needs.
16.	Food Issued at Cert.	Verify if warrants were issued at the time of certification.
17.	Medical Hx Complete	Verify if the medical history is documented on the application form.
18.	Rt./Oblig.Signed/Dated	Verify if the rights and obligation is signed and dated by the participant/parent/guardian.
19.	Two Nutr. Ed Contacts in 6 mos	Verify if nutrition education was provided to the participant/guardian/alternate twice within 6 months.
20.	Approval for Non-Contract Formula	Verify if any non-contract formula provided to the participant was approved by the State.
21.	Care Plan for High Risk	Verify if a care plan is documented for high-risk participants.
22.	Enhanced BF Package is Correct	Verify if the enhanced BF package was appropriately assigned only to women whose infants are not receiving any formula from WIC.

Chart Audit

Name	Category Correct	Date of Birth Matches	Ethnic Code Matches	Ht/Wt, Hgb, Ht/Lt Data Matches	Ht/Wt, Hgb, Ht/Lt Data Within 60 days	Income Eligibility Matches/Documented	Identity/Residency Documented	Cert. within 10/20 days of Initial Visit	Pregnancy Documented	Baby Due Date	Nutrition Risk Matches	Nutrition Risk Documented	Any Nutrition Risk Omitted	Referrals Documented	Food Rx Correct	Food Issued at Certification	Medical Hx Complete	Rts/Oblig. Signed/Dated	Two Nutr. Ed Contacts in 6 mos	Approval for Non-Contract Formula	Care Plan for High Risk	Enhanced BF Package Correct
TOTAL																						

C = Correct
E = Error

M = Missing
NC = Not Current

I = Incomplete
NA = Not Applicable

SUMMARY OF CHART AUDIT FINDINGS

Number of Charts with Information that was:

	Missing	Incomplete	Error	Not Current	Total	%
Category Correct						
Date of Birth Matches						
Ethnic Code Matches						
Ht/Wt, Hgb, Ht/Lt Data Matches						
Ht/Wt, Hgb, Ht/Lt Data within 60 days						
Income Eligibility Matches/Documented						
Identity/Residency Documented						
Cert. within 10/20 days of Initial Visit						
Pregnancy Documented						
Baby Due Date						
Nutrition Risk Matches						
Nutrition Risk Documented						
Any Nutrition Risk Omitted						
Referrals Documented						
Food Rx Correct						
Food Issued at Certification						
Medical Hx Complete						
Rts/Oblig. Signed/Dated						
Two Nutr. Ed Contacts in 6 mos						
Approval for Non-Contract Formula						
Care Plan for High Risk						
Enhanced BF Package Correct						
TOTAL CLIENT FILES REVIEWED						

COMMENTS:

Participant Interview Form

Date: _____ Clinic: _____

I work at the state WIC office. We are doing a survey of WIC client satisfaction, to help us improve WIC services. I would like to know if you would be willing to answer some questions about your experience with the WIC clinic. If you are no longer a WIC client, it would still be helpful for you to answer these questions, if you are willing. Your name and any information you give me will be kept completely confidential. This will not affect your eligibility for the WIC Program in any way.

Would you be willing to answer my questions? (If yes, proceed. If no, politely thank the client, and tell him or her this will have no effect on eligibility for the WIC Program.)

1. How did you first hear about the WIC Program?

2. Are you still a client with the WIC Program? (If not, ask why not. See if the person will continue to answer the questions about their experience when they were a WIC client.)

3. When you make appointments for the WIC Program, are they at times that are convenient for you?

4. Is the location of the WIC clinic convenient for you?

5. When you arrive at the WIC clinic, do (did) you and your children feel welcome and comfortable?

6. Do you feel the WIC staff deals with WIC clients in a respectful and professional way?

7. After you arrive at the clinic, do (did) you have to wait a long time to be seen?

8. Do (did) you have any problems filling out the WIC forms?
9. Do (did) you have enough time to ask questions during your WIC appointment?
10. How does (did) the WIC staff treat you?
11. What is your opinion of the nutrition education you get (got) at the WIC clinic?
12. What is your opinion of the foods you get (got) from WIC?
13. Have you ever asked for any WIC services that you did not get? (If yes, ask what kind of services.)
14. Have you had any problems cashing your WIC checks? If yes, what kind of problems?
15. Are (were) you treated with respect when you cash your WIC checks at the grocery store? (If no, ask for details.)
16. What do you think is the best thing about the WIC Program?

17. What do you think is the worst thing about the WIC Program?

18. Is there anything else you would like to tell me about the WIC Program?

Thank you very much for taking the time to answer my questions. Your answers will be kept completely confidential. This will be very helpful to us in finding ways to improve the WIC Program.